

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000481

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): WES LOCK Code No. ☐☐☐☐Pick up Address: 13344 S MAIN L.A. Code No. ☐☐☐☐
(Number) (Street) (City)Telephone Number: (213) 3222220 F.O. or Contract No.:

Order Placed By: _____ Date: _____

Type of Process _____
which Produced Wastes: _____ Code No. ☐☐☐☐(Examples: metal plating, equipment cleaning, oil drilling--Code No.
wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | |
|--|---|
| 1. <input type="checkbox"/> Acid solution | 8. <input type="checkbox"/> Tank bottom sediment |
| 2. <input type="checkbox"/> Alkaline solution | 9. <input type="checkbox"/> Oil |
| 3. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Drilling mud |
| 4. <input type="checkbox"/> Paint sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent | 12. <input type="checkbox"/> Slurry waste |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Water waste |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Mud and water |
| | 15. <input type="checkbox"/> Brine |

☐ Other (Specify): _____ Code No. ☐☐☐☐

Components:

(Examples: Hydrochloric acid, lime, caustic soda,
phenolics, solvents (list), metals (list),
organics (list), cyanide)

	Upper	Lower	Concentration: ppm
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

Hazardous Properties of Waste:

pH: _____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: _____ ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify): _____

Containers: _____ (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify): _____

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify): _____

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to
a licensed liquid waste hauler (if applicable)I certify (or declare) under penalty
of perjury that the foregoing is true
and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping Co. Code No. ☐☐☐☐Business Address: 2501 1/2 W. Manchester Ave. Inglewood Code No. ☐☐☐☐
(Number) (Street) (City)Telephone Number: 778-7642 Pick Up: _____ Time: _____State Liquid Waste Hauler's Registration No. (if applicable): 483Job No.: 00806 No. of Loads or Trips: 1 Unit No.: 1Vehicle: ☒ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify): _____The described waste was hauled by me to the disposal
facility named below and was accepted.I certify (or declare) under penalty
of perjury that the foregoing is true
and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INDUSTRIES, INC. Code No. ☐☐☐☐
2425 So. Carlisle Ave.Site Address: Monterey Park, Calif. 91754The hauler above delivered the described waste to this disposal facility and
it was an acceptable material under the terms of RWQCB requirements, State
Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

- ☐ recovery
- ☐ treatment (specify): _____
- ☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 10-7-79I certify (or declare) under penalty
of perjury that the foregoing is true
and correct.The site operator shall submit a legible copy of each completed Record to the
State Department of Health with monthly fee reports.No. 031FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

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